

Campaign for Improvement of Long-Term Care

□“Nursing home care is a field with a brief past and an important future. We have come a long way in a short time,” stated Frank C. Carlucci, former Under Secretary of Health, Education, and Welfare.

□One forward step was accomplished when the President signed Public Law 92-603 to establish a common definition of care and mandate a single set of nursing home standards for the health, safety, environment, and staffs in skilled nursing homes. These Federal standards were issued in January 1974.

□On June 21, 1974, the Department announced a special long-term care improvement campaign, consisting of four projects.

□The first was a visit to a sample of skilled nursing homes across the nation by teams from the Department's 10 Regional Offices and Headquarters. The purpose was to identify the needs and determine where the Department's emphasis should be placed to improve the quality of care and provide a safe environment in nursing homes.

□A second element of the campaign involved setting up a long-term care management information system with a rapid response capability. A system initiated in March of 1975 is capable of responding to the steady demand for quick information about surveys, certification status, Life Safety Code inspections, and other matters. The system will link data-gathering apparatus at headquarters, Regional, and State offices.

□A third project underway is to establish a monthly cost-of-care index for long-term care. The plan is to arrive at a national index and 10 Regional indices—one for skilled

and another for intermediate care facilities. The indices will be used to gauge administration, nursing, food, and costs and will help to guide Federal and State reimbursement policies.

□Another project that has been initiated is the development of uniform inspections and uniform ratings for nursing homes. Part of this plan will be to devise a uniform scorecard for grading nursing home care. An “A” rating would then mean the same thing in any State in the country.

□The report issued on the first project of the campaign (“Long-Term Care,” DHEW Publication No. (OS) 76-50021, July 1975) presents an overview of the findings. The findings are different from those of other studies, particularly because for the first time a patient assessment form specifically designed for long-term care facilities was used on a national basis. Most existing forms currently being used to survey nursing homes are designed for short-term, acute care facilities such as hospitals. Further, since the main purpose of the study was fact finding, no effort was made to use the results for certification purposes. Only skilled nursing facilities were studied.

□The staff of the National Center for Health Statistics provided continuing consultation and assistance in selecting the sample and designing the sample procedures. These are described in the report.

□The Federal regulations governing skilled nursing facilities published in the January 17 and October 3, 1974, regulations were used as a basis for comparing the survey findings. These Federal regulations represent minimum standards.

□It was not the intention of the survey to substantiate the allegations made about lack of care in nursing homes. The survey process did not permit the collection of data such as whether patients were left sitting in bed for extended periods or the extent of use of various types of restraints and locked room for patient control. Therefore, no assumptions or judgments were made about the physical or mental abuse of patients. A real picture of patients' needs and those associated with the physiologic and psychosocial conditions and the related practical service requirements to satisfy these needs was sought.

□In many cases, the social and economic needs of older people can be met much better through community programs that permit them to live in their own homes with sufficient resources to meet their needs. These programs have not yet begun to realize their full possibilities—human, economic—of expanding health services and community-based services. Long-term care should be based on the individual patient need and should not be limited to institutional care.

□As a result of this survey, we believe that we will have a better knowledge of the characteristics of patients and residents, their physical and mental status, their medical conditions, and their rehabilitation potential. These facts will tell us what should be done to improve the quality of care and life in long-term care facilities.

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